

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/28/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15C0001078</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - EYE CONSULTANTS SURGERY CENTER</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/19/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>EYECARE CONSULTANTS SURGERY CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 NW FIRST ST STE 104 EVANSVILLE, IN 47708</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Dates: 12/19/13</p> <p>Facility Number: 009564 Provider Number: 15C0001078 AIM Number: 200174480A</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Eyecare Consultants Surgery Center was found in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 416.44(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 21, Existing Ambulatory Health Care Occupancies.</p> <p>This facility located on the first floor of a two story nonsprinklered building was determined to be of Type II (222) construction. The facility was equipped with a fire alarm system with hard wired smoke detectors in the corridors, in open areas, in Pre and Post Operation rooms, and in the air ducts.</p> <p>Eyecare Consultants Surgery Center has elected to utilize the categorical Life Safety Code waiver pertaining to relative humidity.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/30/13.</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.